

(1) PLACE OF BIRTH

County of

Township of Burke

or

Inc. Town of

or

City of Burke, D.C.

If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child John Marion Campbell If child is not yet named, make supplemental report as directed1. BOY OR
GIRL?2. Twin
or Triplet?(3) Number in
order of birth(4) Are
Parents
Married?

(5) DATE OF

BIRTH

(Name of Month) (Day) (Year)

FATHER.

3. FULL
NAME4. PRESENT
POSTOFFICE
OF FATHER(5) COLOR
OR
RACE(6) AGE AT LAST
BIRTHDAY

(7) BIRTHPLACE

(8) OCCUPATION

(9) Number of children born to
mother, including present birth

MOTHER.

(10) NAME BEFORE
MARRIAGE(11) PRESENT
POSTOFFICE
OF MOTHER(12) COLOR
OR
RACE(13) AGE AT LAST
BIRTHDAY

(14) BIRTHPLACE

(15) OCCUPATION

(16) Number of children of this mother
now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was, Born alive at, 2 P. M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) C. S. Bruden

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement-
tal report.

(26) Witness

(Signature of Witness necessary only
when question 23 is signed by mark)(27) Mar 10, 1922
Registrar(28) W. S. Campbell
Local Registrar*When there was no attending physician or midwife, then the father, householder, etc., should make this return.
If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths
before the fifth month of pregnancy.

BIRTH MONTH OF PREGNANCY

before the fifth month of pregnancy.

MARGIN RESERVED FOR INDEXING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
IN CASE OF TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD and mark the
FIRST-BORN, No. 1 THIS OTHER, No. 2, etc., in question 1

MEDICAL DEPARTMENT, GEORGETOWN, D. C.